

STATE INCENTIVE AWARD

NAME _____ EIN _____ DATE _____

WORK LOCATION _____

SUPERVISOR'S NAME _____

AMOUNT OF AWARD RECOMMENDED \$ _____

AWARD JUSTIFICATION:

SUPERVISOR SIGNATURE _____ DATE _____

DIRECTORATE SIGNATURE _____ DATE _____

FUNDS MANAGER APPROVAL _____ DATE _____

ELIGIBILITY APPROVAL-HRO STATE MGMT OFC _____ DATE _____

APPROVING AUTHORITY SIGNATURE _____ DATE _____

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Additional criteria:

Award justification must show a special accomplishment or individual initiative that is demonstrably above and beyond normal performance expectations.

Original – Employee Personnel File

Copy Furnished:
Employee's Supervisor
Payroll Clerk